



Player Name: _____ **Age:** ____ **Year of Birth:** _____ **Level:** Rec **Club** **Position** _____

Shirt Size (please circle one): YS YM YL YXL AS AM AL AXL

First _____ Last _____ Gender: Male __ Female__
School Name _____ Grade _____ Birth date ____/____/____ Age _____
Street Address _____
City _____ State _____ Zip code _____

Parent/Guardian - Contact Information

Parent/Guardian
First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Medical Release Information

Insurance Information
Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes__ No__ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Peak Soccer Club will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Guardian Signature: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

CHECKS PAYABLE & MAIL REGISTRATION TO: **PEAK SOCCER ACADEMY**
ATTN: PYDP
PO BOX 1127
ROSCOE, IL 61073

